



ROCKPORT BOARD OF HEALTH
34 Broadway
Rockport, Massachusetts 01966
Tel: 978-546-3701
Fax: 978-546-5013
www.rockportma.gov

**APPLICATION FOR RETAIL SALES PERMIT
TOBACCO AND NICOTINE DELIVERY PRODUCTS**

Fee: \$75.00 payable to *Town of Rockport*. A late fee of \$75 will be charged if not renewed prior to April 1.

1. THIS APPLICATION IS FOR: ☐ NEW PERMIT ☐ RENEWAL
2. NAME OF RETAIL ESTABLISHMENT (as it appears on your Town of Rockport Business License):

3. ALTERNATE NAME OF ESTABLISHMENT (DBA) (other name under which the business operates):

4. LOCATION OF ESTABLISHMENT: MAILING ADDRESS (if different from LOCATION):

Address Line 1 Address Line 1

Address Line 2 Address Line 2

City State Zip Code City State Zip Code
5. HOURS OF OPERATION: _____ to _____ DAYS OF OPERATION: _____ thru _____
6. TYPE OF BUSINESS OWNERSHIP: ☐ Chain-Owned ☐ Independently Owned
7. BUSINESS CATEGORY: ☐ Grocery Store ☐ Convenience Store ☐ Pharmacy
 ☐ Other (describe) _____
8. NAME OF ESTABLISHMENT OWNER: _____
9. HOME PHONE: _____ BUSINESS PHONE: _____
10. EMAIL ADDRESS (optional): _____
11. NAME OF MANAGER (if different from Owner): _____
12. MA Department of Revenue CIGARETTE RETAILER'S LICENSE NUMBER (5-digits) _____
(A copy of this license, or other proof of payment, MUST BE ATTACHED to this Application)

Pursuant to M.G.L. Chapter 62 C. Section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under the law.

I declare that I have read the Rockport Board of Health Regulation restricting the sale of tobacco products and nicotine delivery products (adopted September 24, 2013) and I accept responsibility for instructing any and all employees who will be responsible for tobacco sales regarding these regulations.

Owner's Social Security # or Federal ID #

Signature of Applicant or Corporate Officer

Date

Tobacco Regulations are available at www.rockportma.gov.